



DEVELOPMENT SERVICES
PLUMBING, MECHANICAL, TANK, & DEMOLITION
PERMIT APPLICATION
 121 5th Avenue N, Edmonds, WA 98020
 Phone 425.771.0220 ☎ Fax 425.771.0221

PLEASE REFER TO THE PLUMBING & MECHANICAL CHECKLIST FOR SUBMITTAL REQUIREMENTS

PROJECT ADDRESS (Street, Suite #, City State, Zip):		Parcel #:	
IS THIS WORK ASSOCIATED WITH ANOTHER PROJECT? Yes <input type="checkbox"/> No <input type="checkbox"/>		Associated Permit #:	
APPLICANT:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
PROPERTY OWNER:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
LENDING AGENCY:		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
CONTRACTOR:*		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
<i>*Contractor must have a valid City of Edmonds business license prior to doing work in the City. Contact the City Clerk's Office at 425.775.2525</i>		WA State License #/Exp. Date:	
		City Business License #/Exp. Date:	
PERMIT APPLICATION FOR:			
PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> TANK <input type="checkbox"/> DEMOLITION <input type="checkbox"/>			
DETAIL THE SCOPE OF WORK: _____ _____ _____ _____ _____			
<i>I declare under penalty of perjury laws that the information I have provided on this form/application is true, correct and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Edmonds.</i>			
Print Name: _____ Owner <input type="checkbox"/> Agent/Other <input type="checkbox"/> (specify): _____			
Signature: _____ Date: _____			

PLUMBING FIXTURE COUNT

Fixture Type (new and relocated)	Total #	Fixture Type (new and relocated)	Total #
Water Closet (Toilet)		Pressure Reduction Valve/Pressure Regulator	
Sink (kitchen, laundry, lavatory, bar, eye wash, etc.)		Water Service Line	
Tub/Shower		Drinking Fountain	
Dishwasher		Clothes Washer	
Hose Bib		Backflow Prevention Device (e.g. RBPA, DCDA, AVB)	
Water Heater Tankless? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hydronic Heat in: Floor <input type="checkbox"/> Wall <input type="checkbox"/>	
Floor Drain/Floor Sink		Other:	
Refrigerator water supply (for water/ice dispenser)		Other:	

MECHANICAL

Equipment Type	Appliance/Equipment Information (new and relocated)	Total #
Furnace	Gas # ___ Elec # ___ Other: _____ # ___ BTUs: <100k ___ >100k ___ Location(s) _____	
Air Handler / VAV (circle selected)	Gas # ___ Elec # ___ Other: _____ # ___ CFM: <10k ___ >10k ___ Location(s) _____	
AC / Compressor / Boiler / Heat Pump / Roof Top Unit (circle selected)	Gas # ___ Elec # ___ Other: _____ # ___ BTUs: _____ <100k, _____ 100k-500k, _____ 500k-1Mil HP: _____ <3, _____ 3-15, _____ 15-30 Location(s) _____	
Hydronic Heating	Gas # ___ Elec # ___ In-Floor ___ Wall Radiant ___ Boiler BTUs: _____ Location _____	
Exhaust Fans (single duct)	Bath # ___ Kitchen # ___ Laundry # ___ Other: _____ # ___	
Fireplace	Gas # ___ Elec # ___ Other: _____ # ___ Location(s) _____	
Dryer Duct		

FUEL GAS

Appliance Type	Appliance/Equipment Information (new and relocated)	Total #
AC Unit	BTUs: _____ Location(s): _____	
Furnace	BTUs: _____ Location(s): _____	
Water Heater	BTUs: _____ Location(s): _____	
Boiler	BTUs: _____ Location(s): _____	
Other: _____	BTUs: _____ Location(s): _____	
Fireplace/Insert	BTUs: _____ Location(s): _____	
Stove/Range/Oven		
Dryer		
Outdoor BBQ		
	TOTAL OUTLETS	

MEDICAL GAS, AIR, VACUUM

Type of Gas/Air/Vacuum System (new and relocated)		Total#
Oxygen		
Nitrous Oxide		
Medical Air		
Carbon Dioxide		
Helium		
Medical – Surgical Vacuum		
Other:		
	TOTAL OUTLETS	

TANK

TANK #1	TANK #2
Method of Abandonment	Method of Abandonment
Fill in Place <input type="checkbox"/> Fill Material _____	Fill in Place <input type="checkbox"/> Fill Material _____
Removal <input type="checkbox"/>	Removal <input type="checkbox"/>
Number of Gallons: _____	Number of Gallons: _____
Critical Areas Determination: Study Required <input type="checkbox"/> Conditional Waiver <input type="checkbox"/> Waiver <input type="checkbox"/>	

DEMOLITION

Type of structure to be demolished (e.g. house, shed, garage, etc.): _____	
Floor area of structure to be demolished: _____ sq. ft.	
Critical Areas Determination: Study Required <input type="checkbox"/> Conditional Waiver <input type="checkbox"/> Waiver <input type="checkbox"/>	
PSCAA Case No. _____	AHERA Survey done? (required) <input type="checkbox"/>
Additional comments: _____	



DEVELOPMENT SERVICES
PLUMBING, MECHANICAL, TANK, & DEMOLITION
PERMIT CHECKLIST

121 5th Avenue N, Edmonds, WA 98020
 Phone 425.771.0220 📠 Fax 425.771.0221

PROJECT ADDRESS: _____

Plans shall be of sufficient clarity to indicate the location, nature, and extent of the work proposed, and conform to the provisions of the adopted International Codes and City Ordinances.

Applicant's Checklist	SUBMITTAL REQUIREMENTS <i>The number indicates the number of copies for submittal(if applicable). Check marks indicate additional submittal requirements that may apply to your project.</i>	Demolition	Tank Removal Decommission	Commercial Mechanical	Commercial Plumbing	Office Use Only
	Application Form C	1	1	1	1	
	Site Plan	3	1			
	Mechanical Plans			2		
	Manufacturer's Specifications/Cut Sheets	0	0	2	2	
	Elevation View for Roof Mounted Equipment	0	0	2	2	
	Structural Calculations			✓		
	Plumbing Plans				2	
	Listed and Tested Fire Stopping Assemblies				2	
	Washington State Contractors License	✓	✓	✓	✓	
	Contractor's City of Edmonds Business License	✓	✓	✓	✓	
	Critical Areas Determination or Checklist	1	✓			
	State Non-Residential Energy Code compliance forms			2		

- Handouts and Standard Details may be found on the City's website www.edmondswa.gov or can be obtained at City Hall during normal business hours.
- Plans/calculation/reports prepared by state licensed architects or professional engineers must be stamped and signed by the design professional.